Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

^	roi lile 2	007 Calendar year, or tax year beginning APR 1, 2007 and ending MAR 31, 2	<u> 4000</u>	
В	Check if	riease	ıployer id	lentification number
_	Address	use IRS label or		N4 04 B 6
늗	change	print or ANIMAL WELFARE SOCIETY, INC.		018176
늗	change	See   Number and Sheet (of F.O. box it mains not delivered to sheet address)		
F	return Termin-	Specific P.O. BOX 43		985-3244
F	ation Amende	1 1000	counting meth Other (specify)	
F	return Applicat	WEST RENNEBONK, ME 04074		
	pending	must attach a completed Schedule A (Form 990 or 990-F7)		
	18/aha:4a:	► WWW.ANIMALWELFARESOCIETY.ORG  H(a) Is this a group return H(b) If "Yes," enter number		
		► WWW.ANIMALWELFARESOCIETY.ORG  H(b) If "Yes," enter number tion type (check only one) ► X 501(c) ( 3 ) ◄ (insert no.) 4947(a)(1) or 527 H(c) Are all affiliates included.		N/A Yes No
		(If No, attach a list.)		•
		H(d) Is this a separate return or normally not more than \$25,000. A return is not required, but if the organization ganization covered by	rn filed by	y an or- ruling? Yes X No
		to file a return, be sure to file a complete return.  I Group Exemption Nur		N/A
				ion is <b>not</b> required to attach
ı	Gross red	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12   1,545,107. Sch. B (Form 990, 99		
		Revenue, Expenses, and Changes in Net Assets or Fund Balances		<u> </u>
-	1	Contributions, gifts, grants, and similar amounts received:	T	
	' a	Contributions to donor advised funds	1 1	
	b	Direct public support (not included on line 1a)  1b 589,714	.1	
	C	Indirect public support (not included on line 1a)	7	
	d	Government contributions (grants) (not included on line 1a)  1d	7	
	l e	Total (add lines 1a through 1d) (cash \$ 589,714. noncash \$ )	1e	589,714.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	455,939.
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	274.
	5	Dividends and interest from securities	5	62,608.
	6 a	Gross rents 6a	]	
	b	Less: rental expenses 6b	1 1	
ø	С	Net rental income or (loss). Subtract line 6b from line 6a	6c	
Revenue	7	Other investment income (describe )	7	
ě	8 a	Gross amount from sales of assets other (A) Securities (B) Other	4	
		than inventory 167,673. 8a	4	
	b	Less: cost or other basis and sales expenses 148,207. 8b	4	
	C	Gain or (loss) (attach schedule) 19,466. 8c		10 100
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1	8d	19,466.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here		
	a			
	"	Less: direct expenses other than fundraising expenses  9b 16,920.  Net income or (loss) from special events. Subtract line 9b from line 9a  SEE STATEMENT 2	9c	_63,869.
	10 a	Gross sales of inventory, less returns and allowances  10a	96	_03,003.
	Ь	Less; cost of goods sold	1	
	C	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
	11	Other revenue (from Part VII, line 103)	11	188,110.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 RECEIVED	12	1,379,980.
	13	Drogger agree (from line AA column (D))	13	1,193,278.
ses	14	Management and general (from line 44 column (C))	14	123,110.
ens	15	Fundraiging (from line 44 column (D))	15	97,478.
Expenses	16	Payments to affiliates (attach schedule)	16	
_	17	Total expenses. Add lines 16 and 44, column (A)	17	1,413,866.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-33,886.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,199,427.
Ž	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-59,047.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	3,106,494.
7230	001	LUA For Privacy Act and Panaryork Reduction Act Notice coa the congrete instructions		Form 990 (2007)

23-7018176 Page **2** 

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	•	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)			ļ		
(cash \$ 0 • noncash \$	0.				
If this amount includes foreign grants, check here	22a			_	
22b Other grants and allocations (attach sch	edule)				
(cash \$ 0 • noncash \$	0.		ľ	İ	
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach	ı [				
schedule)	23				
24 Benefits paid to or for members (attach					
schedule) .	24				
25a Compensation of current officers, directors, k	ey				
employees, etc. listed in Part V-A	25a	0.	0.	0.	0
<b>b</b> Compensation of former officers, directors, ke	еу				
employees, etc. listed in Part V-B	25b	0.	0.	0.	0
c Compensation and other distributions, not inc	oluded				
above, to disqualified persons (as defined und	der				
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
ıncluded on lines 25a, b, and c	26	636,011.	539,716.	43,084.	53,211
27 Pension plan contributions not included	1 1				
lines 25a, b, and c	27	14,844.	12,632.	979.	1,233
28 Employee benefits not included on lines					
25a · 27	28				
29 Payroli taxes	29	52,809.	44,942.	3,482.	4,385
30 Professional fundraising fees	30				<del></del>
31 Accounting fees	31	9,592.		9,592.	
32 Legal fees	32				
33 Supplies .	33				4 004
34 Telephone	34	7,296.	5,108.	1,094.	1,094
35 Postage and shipping	35	14,922.	5,084.	5,556.	4,282
36 Occupancy	36	103,253.	97,739.	5,514.	
37 Equipment rental and maintenance	37	13,676.	13,676.	1 050	
38 Printing and publications	38	15,896.	8,146.	1,858.	5,892
39 Travel	39				<del></del>
40 Conferences, conventions, and meeting					
41 Interest	41	F2 006	- 66 200	F 160	2 250
42 Depreciation, depletion, etc. (attach sche	·	73,826.	66,399.	5,168.	2,259
43 Other expenses not covered above (iten	· I I				
a	43a				
b	43b			<u> </u>	<del></del>
C	43c	<del> </del>			
d	43d				
e	43e				
	43f	471 741	200 026	46 702	25 122
g SEE STATEMENT 4	43g	471,741.	399,836.	46,783.	25,122
44 Total functional expenses. Add lines 22a thr	· I I				
43g. (Organizations completing columns (B)-	· · I I	1 412 000	1 102 270	122 110	07 470
carry these totals to lines 13-15)	44	<u>1,413,866.</u>	1,193,278.	123,110.	97,478
Joint Costs. Check 🕨 📖 ıf you are folk	owing SOP 9	୪-2			

Part III Statement of Program Service Accomplishments (See the instructions )

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wr	nat is the organization's prii	mary exempt purpose?  SE	E STATEMENT 5	Program Service
clie	ents served, publications is	sued, etc. Discuss achievements	nents in a clear and concise manner. State the number of that are not measurable. (Section 501(c)(3) and (4) also enter the amount of grants and allocations to others)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а			VICE ACCOMPLISHMENTS" FOR	
			ACCOMPLISHMENTS FOR THE ANIMAL	_
	WELFARE SOCIE	TY.	· · · · · · · · · · · · · · · · · · ·	
		<del></del>		
L	(Grants and allocations	\$	If this amount includes foreign grants, check here	1,193,278.
b		<del></del>		-
				]
				_
	Grants and allocations	\$ )	If this amount includes foreign grants, check here	-
С	Taramo ana anocariono		The state of the s	
				1
				-
				1
-1	(Grants and allocations	\$	If this amount includes foreign grants, check here	
d	-	<del>-</del>		-
		·		
				-
				1
	(Grants and allocations	\$ )	If this amount includes foreign grants, check here	1
е	Other program services (a	attach schedule)		
_	(Grants and allocations		If this amount includes foreign grants, check here	1 100 050
Ŧ	Total of Brogram Service	e Evnences (should equal line 44	column (R) Program services)	1 193 278.

Form	n 990 (2007) ANIMAL_WELFARE_SOCIET	Y, INC.	2	3-70181	.76 Page <b>5</b>
Pa	rt IV-A Reconciliation of Revenue per Audited Fina	ncial Statements V	lith Revenue per	r <b>Return</b> (Se	e the
	instructions)				
a	Total revenue, gains, and other support per audited financial stateme	nts		a 1,	322,703.
b	Amounts included on line a but not on Part I, line 12.				
1	Net unrealized gains on investments		-59,04	<u>.7.</u>	
2	Donated services and use of facilities		b2		
3	Recoveries of prior year grants		b3		
4	Other (specify) GAINS (LOSSES) ON CHARITAB	LE TRUSTS	b4 1,77	0.	
	Add lines b1 through b4			b	-57,277.
C	Subtract line b from line a			c 1,	379,980.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b		d1	1 1	
2	Other (specify)		d2		
_	Add lines d1 and d2			d	0.
e	Total revenue (Part I, line 12) Add lines c and d			▶ e 1.	379,980.
	rt IV-B Reconciliation of Expenses per Audited Fina	ncial Statements	With Expenses p	er Return	
a	Total expenses and losses per audited financial statements				413,866.
а Ь	Amounts included on line a but not on Part I, line 17.			·	113,000.
1	Donated services and use of facilities		ь1		
1	_ •		b2	<del> </del>	
_	Prior year adjustments reported on Part I, line 20	•	b3	<del></del>	
3	Losses reported on Part I, line 20		b4		
4	Other (specify)		04		0
	Add lines b1 through b4	•		b 1	<u>0.</u> 413,866.
C	Subtract line b from line a			c 1,	413,000.
d .	Amounts included on Part I, line 17, but not on line a:	İ	1		
1	Investment expenses not included on Part I, line 6b		d1		
2	Other (specify).		d2	l	0
	Add lines d1 and d2			d	0.
e De	Total expenses (Part I, line 17) Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke	. Employees #		▶   e   1,	413,866.
Pa	or key employee at any time during the year even if they we		•	an onicer, dire	ctor, trustee,
		(B) Title and average hours		) Contributions to	(E) Expense
	(A) Name and address	` per week devoted to	(If not paid, enter	D)Contributions to employee benefit plans & deferred	àccount and other allowances
	D T T CM A MMA CUIDD	position	-0- )   a	ompensation plans	other anowances
25	E_LIST_ATTACHED	SEE LIST ATT	ACHED		
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		0.00	0.	0.	0.
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					Form <b>990</b> (2007)

Part V-I   Other Information (See the instructions)   None   No	Form 990 (2007) ANIMAL WELFARE SOCIE	TY, INC.	<u></u>	23-7018	<u> 176</u>		age <b>6</b>
Available   Ava	Part V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	red)			Yes	No
b Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or Ingrest compensated employees listed in Schedule A, Part I, or Ingrest compensated professional and other independent contractors listed in Schedule A, Part II An II D, enabled to each finite through finally or brunners referent states in Schedule A, Part II An II D, enabled to each finite through finally or brunners referent states in Schedule A, Part II An II D, enabled to each finite through finally or brunners referent states a batterent that destrifies the endinctuals and explaines the relationship(s)  X	75 a Enter the total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board				
Islaed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. An III. Pretated to active through family or business relationships? If Yes, "attach a statement that identifies the individuals and explains the relationships? If Yes," attach as tasted in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensation from the part II. or high the part II. or highest compensation or other benefits of described below duming the year, list that person below and enter the amount of compensation or other benefits of the pappropriate colonium. Set the instructions?  [A] None and address  NONE  [Brit V-B] Compensation (II) Committee and Compensation or other benefits of the pappropriate colonium. Set the instructions of the year, list that person below and enter the amount of compensation or other benefits of the pappropriate colonium. Set the instructions of the year, list that person below and enter the amount of compensation or other benefits of the pappropriate colonium. Set the instructions of the year is a statement of carbon damps.  [A] None and address  [A] None and	meetings .		▶	14			
Islaed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. An III. Pretated to active through family or business relationships? If Yes, "attach a statement that identifies the individuals and explains the relationships? If Yes," attach as tasted in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensated professional and other independent contractors listed in Schedule A. Part II. or highest compensation from the part II. or high the part II. or highest compensation or other benefits of described below duming the year, list that person below and enter the amount of compensation or other benefits of the pappropriate colonium. Set the instructions?  [A] None and address  NONE  [Brit V-B] Compensation (II) Committee and Compensation or other benefits of the pappropriate colonium. Set the instructions of the year, list that person below and enter the amount of compensation or other benefits of the pappropriate colonium. Set the instructions of the year, list that person below and enter the amount of compensation or other benefits of the pappropriate colonium. Set the instructions of the year is a statement of carbon damps.  [A] None and address  [A] None and	h. Are any officers, directors, trustees, or key employees listed in Forr	n 000 Part V.A. or highest (	nme heternenme	lovees			
Part II A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships? If a part II A or II A part I, or Inphesic compensated professional and other independent contractors listed in Schedule A, Part I, or Inphesic compensated professional and other independent contractors listed in Schedule A, Part I, or Inphesic compensated professional and other independent contractors listed in Schedule A, Part I A or II A part I A part I A or II A part I A part I A or II A part I					j j		
the individuals and explains the relationship(s)  Do any officers, directors, trustees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization 75 Beet in matricians for the definition of "related agricultures, whether tax exempt or taxable, that are related to the organization 75 Beet in matricians for the definition of related agricultures, whether tax exempt or taxable, that are related to the organization 75 Beet in matricians for the definition of related agricultures, whether tax exempt or taxable, that are related to the organization 75 Beet in matricians of the definition of the properties of the compensation of the properties of t							
Issted in Schedule A. Part I, or highest compensated professional and other independent contractors listed in Schedule A. Part I No "lib." Riceive compensation from any other organizations, whether tax exempt or trabelle, that are related to the organization? See the instructions of the definition of "related organization."  1 "Yes," attach a statement that includes the information described in the instructions  2 Does the organization have a written conflict of inferent places. And Key Employees That Received Compensation or Other Benefits (if any termer officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any termer officer, director, trustees, and Key Employees received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during during the year of the person of the person below and enter the amount of compensation or other benefits in the appropriate of the person below and enter the amount of compensation or other benefits (described below) during during the year of the person of the perso		·		į	75b		_X_
Issaed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I No "lib." Riceview compensation from any other organizations, wither this exempt or triable, that are related to the organization? See the instructions for the definition of "related organization".  4. Does the organization have a written conflict of inferent policy?  Benefits (if any former officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustees, and Key Employees received compensation or other benefits (desenated below) during the year, is that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions (iii) (Compensation) (iii) Compensation (iii) Compensation) (iii) Compensation (iii) Compensation) (iiii) Compensation) (i	De any officere directors trustoco er key empleyeen listed in Form	000 Bort V.A. or bigboet o	omnenested empl	ovees			
Part II.4 or III-8, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.  If "Yes," attach a statement that includes the information described in the instructions.  Ones the organization have a written conflict of interest policy?  Formar Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (fram) from or Other Benefits (fram) from or Other Benefits (fram) from or Other Benefits (fram) from or Other Benefits (described below) during the year, ist that person below and enter the amount of compensation or other benefits (described below) during the year, ist that person below and enter the amount of compensation or other benefits (described below) during in the propose of the person							
organization? See the instructions for the definition of "related organization."  If "Yes," attach a statement that includes the information described in the instructions  d. Does the organization have a written conflict of interest policy?  Part VI. B former Officers, Directors, Trustless, and Vey Employees That Received Compensation or Other Benefits (if any former officer, director, trustles, or key amployee received compensation or other benefits (described below) during the year, lat that person below and enter the amount of compensation or other benefits (described below) during the year, lat that person below and enter the amount of compensation or other benefits (described below) during the year. (A) Name and address  (A) Name and address  NONE  (B) Loans and Advances  (B) Loans and Advances  (G) (Compensation (G) (Compensation of the person below during enter (D-))  Part VI. Other Information (See the instructions)  NONE  Part VI. Other Information (See the instructions)  Yes No. 75 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change statement of each change statement of each change statement of each change and the person of the pe							
If "Yes," attach a statement that includes the information described in the instructions    Total			,		75c		Х
d Dees the organization have a written conflict of interest policy?  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, invitee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below during the year, list that person below during the year solidarial (list of year) and the year, list that person below during the year, list that person below during the year, list that person below during the year, list that person below during the year and person below during the year, list that person below during the year and person below during the year, list that person below during the year and person below d	-	• •	•	·			
Part VIB Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any towner officer, device), tustees, or key employee received compensation or other benefits (if any towner) the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions;  (A) Name and address  (B) Loans and Advances  (B) Compensation (C) Compensation (if (if not paid, enter "O-)  (If not paid, enter "O-)  (If not paid, enter "O-)  (If not paid, enter "O-)  (If not paid, enter "O-)  (If not paid, enter "O-)  (If not paid, enter "O-)  (If not paid, enter "O-)  (If not paid, enter "O-)  (If not paid, enter "O-)  (If not paid, enter "O-)  (If years a device device the instructions of the reliable of the r	·			1	75d	x	
Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (flost paid, enter '0-)  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation (C) Compression (	Part V-B Former Officers, Directors, Trustees, and K	ev Employees That F	Received Com	pensation o			
(A) Name and address NONE  (B) Loans and Advances  (G) Compensation (C) Controlections to enclose because account and other allowances account and other allowances.  (B) Loans and Advances  (C) Compensation (C) Controlections to enclose account and other allowances account and other allowances.  (B) Loans and Advances  (C) Compensation (C) Controlections account and other allowances account and other allowances.  (B) Loans and Advances  (C) Compensation (C) Controlections account and other allowances.  (E) Expensations account and other allowances.  (E) Expensations account and other account and other allowances.  (E) Compensation (C) Controlections account and other allowances.  (E) Compensation controllections account and other allowances.  (E) Compensation plants of the representation plants account and other allowances.  (E) Compensation plants account and other allowances.  (E) Compensation plants of the representation plants account and other allowances.  (E) Compensation plants or plants account and other allowances.  (E) Compensation plants or plants account and other allowances.  (E) Compensation plants or plants account account and other allowances.  (E) Compensation plants or plants account and other allowances.  (E) Compensation plants or plants account account and other allowances.  (E) Compensation plants or plants account account account account account account account account and other account accou							ıng
Part VI   Other Information (See the instructions)   Ves   No	the year, list that person below and enter the amount of c	ompensation or other benef	its in the appropria	ate column Se	a the in	istruction	ons )
NONE   Part VI   Other Information (See the instructions)   Yes   No		(8) 1		(D) Contributions			
Part VI   Other Information (See the instructions)   Yes   No    76	(A) Name and address	(B) Loans and Advances		plans & deferred	ا ا		
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76	NONE		Cittor 0 /	compensation piai	15 0010	31 dilow	ances
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76							
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76							
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76							
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76			-		$\top$		
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76							
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76							
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76		<del></del>	-		+-		
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76							
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76				1			
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76				1			
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76	David VIII Other Information (2)	<u> </u>	<u> </u>		Щ.	Voc	Na
statement of each change  76						162	140
Were any changes made in the organizing or governing documents but not reported to the IRS?  If "Yes," attach a conformed copy of the changes  78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  so is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization N/A  and check whether it is exempt or nonexempt  So a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?		conducting activities? If "Ye	s," attach a detaile	ed			,,
If "Yes," attach a conformed copy of the changes  78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A  78b  78b  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization N/A  and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b  X	<b>G</b>			-		-	
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A  78b  78c  N/A  78b  78c  N/A  78b  78c  N/A  78c  N/A  78c  78c  N/A  78c  78c  N/A  78c  78c  N/A  N/A  N/A  N/A  N/A  And check whether it is exempt or nonexempt or non	77 Were any changes made in the organizing or governing documents	s but not reported to the IRS	5?		77	<b> </b>	<u> </u>
b If "Yes," has it filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  80 b If "Yes," enter the name of the organization    N/A  and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81 b X	If "Yes," attach a conformed copy of the changes				1	'	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?  80 b If "Yes," enter the name of the organization ► N/A  and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions)  81 b Did the organization file Form 1120-POL for this year?  81 b X	78 a Did the organization have unrelated business gross income of \$1,0	00 or more during the year	covered by this re		78a	<u> </u>	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?  80a X  b If "Yes," enter the name of the organization N/A  and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b X	b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78b	<u> </u>	
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization N/A  and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b X	79 Was there a liquidation, dissolution, termination, or substantial con	traction during the year? If	"Yes," attach a sta	tement	79		X
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization N/A  and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  80a X  X  X							
b If "Yes," enter the name of the organization N/A  and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b X	•				80a		х
and check whether it is exempt or nonexempt  81 a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b X		,					
81 a Enter direct and indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b X	2	and check whether it is	exempt or	nonexempt			
b Did the organization file Form 1120-POL for this year?	81 a Enter direct and indirect political expanditures. (See line 91 instance	<del>_</del>	1 1 1	· _	1		
	·		314		81h		x
	Did the diganization the Form 1120-POL for this year?					990	

Form	990 (2007) ANIMAL WELFARE SOCIETY, INC. 23-701	3176	Р	age 7
Pa	rt VI Other Information (continued)		Yes	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II			1
	(See instructions in Part III ) 82b N/A	_		ĺ
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	<u> </u>
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			1
	tax deductible?	84b		<del>  -</del>
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A	85b		<del> </del>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	1		1
	waiver for proxy tax owed for the prior year			1
C	Dues, assessments, and similar amounts from members  Section 162(e) lobbying and political expenditures  856  N/A  876  N/A	- !		
đ		-		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e N/A  Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/A	- !		
1	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	- 85g		
g h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	OJY		i
"	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			ł
	following tax year?  N/A	85h		ł
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on			
••	line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	1		1
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A	7		ł
b	Gross income from other sources. (Do not net amounts due or paid to other sources	7		1
	against amounts due or received from them)  87b  N/A	_		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			1
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			1
	If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under.			1
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ►			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			1
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	201		v
	If "Yes," attach a statement explaining each transaction	89b		<u>X</u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
,	sections 4912, 4955, and 4958  Enter Amount of tax on line 89c, above, reimbursed by the organization  O •			
d	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		х
e f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	-	X
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	501		
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		х
90 a	List the states with which a copy of this return is filed <b>ME</b>	B		
b	Number of employees employed in the pay period that includes March 12, 2007  90b			30
	The books are in care of ► STEVEN JACOBSEN  Telephone no. ► (207)	985	-32	
_	Located at ▶ P.O. BOX 43, WEST KENNEBUNK, ME ZIP+4 ▶			
b			Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country ▶ N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
	and Financial Accounts			
		Form	990	(2007)

Form 990 (2007) ANIMAL WELFA	RE SOC	IETY, INC.		23-7	018176 Page 8	
Part VI   Other Information (continued)				<del></del>	Yes No	
c At any time during the calendar year, did the organ	_		the United	d States?	91c X	
If "Yes," enter the name of the foreign country		N/A				
92 Section 4947(a)(1) nonexempt charitable trusts filing	-		heck here	. 1 1	▶ ∟	
and enter the amount of tax-exempt interest received				▶ 92	<u> </u>	
Part VII Analysis of Income-Producing A			1 5	540 540 - 544		
Note: Enter gross amounts unless otherwise	(A)	ed business income	(C)	y section 512, 513, or 514	(E)	
ındıcated	Business	( <b>B)</b> Amount	Exclu- sion	(D) Amount	Related or exempt	
93 Program service revenue	code		code	, ,,,,,	function income	
a ADOPTION FEES					226,371.	
b FEES - CREMATORY			ļ		24,795.	
c <u>FEES - SURRENDER</u>					16,012.	
d FEES - CLAIMED DOGS					12,385.	
e <u>FEES - OTHER</u>					<u>50,739.</u>	
f Medicare/Medicaid payments						
g Fees and contracts from government agencies					125,637.	
94 Membership dues and assessments						
95 Interest on savings and temporary cash investments			14	274.	<u> </u>	
96 Dividends and interest from securities			14	62,608.		
97 Net rental income or (loss) from real estate.						
a debt-financed property			ļ			
b not debt-financed property						
98 Net rental income or (loss) from personal property			<u> </u>		<u> </u>	
99 Other investment income					<u> </u>	
100 Gain or (loss) from sales of assets						
other than inventory			18	19,466.		
101 Net income or (loss) from special events			01	63,869.		
102 Gross profit or (loss) from sales of inventory					<del></del>	
103 Other revenue						
a MISCELLANEOUS INCOME			01	188,110.		
b						
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))		0.		334,327.	455,939.	
105 Total (add line 104, columns (B), (D), and (E))			-	<b></b>	790,266.	
Note: Line 105 plus line 1e, Part I, should equal the amo	unt on line 1	2, Part I				
Part VIII Relationship of Activities to the	Accompl	ishment of Exemp	t Purpo	Ses (See the instruction	ns.)	
Line No. Explain how each activity for which income is repo	orted in columi	n (E) of Part VII contributed	d importantl	y to the accomplishment of	the organization's	
<ul> <li>exempt purposes (other than by providing funds f</li> </ul>	or such purpo	ses).				
SEE STATEMENT 9		·				
Part IX Information Regarding Taxable	Subsidiar	ies and Disregard	ed Entit	ies (See the instruction:	s)	
(A) (B) Name, address, and EIN of corporation, Percentage of		(C)		(D)	(E)	
partnership, or disregarded entity ownership intere	st	Nature of activities		Total income	End-of-year assets	
	%	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
N/A	N/A %					
	%		_			
	%					
Part X Information Regarding Transfer		ted with Personal	Benefit	Contracts (See the	instructions.)	
(a) Did the organization, during the year, receive any funds, or					Yes X No	
(b) Did the organization, during the year, pay premiums, dire					Yes X No	
Note: If "Yes" to (b), file Form 8870 and Form 4720 (se						
The same of the sa		<del></del>			Form <b>990</b> (2007)	

	n 990 (2007)  ANIMAL WELFARE SOCIETY, Int XI Information Regarding Transfers To and From C	INC.	23-701 S. Complete only if the organi		Page 9
		N/A			
				Ye	s No
106	Did the reporting organization make any transfers to a controlled entity a	s defined in section 5	12(b)(13) of the Code? If "Yes	,"	
	complete the schedule below for each controlled entity.	<del> </del>			
	(A)	(B) Employer	(C)	(D)	
	Name, address, of each	Identification	Description of	Amoui	
	controlled entity	Number	transfer	trans	ter
а					
				-	
				Ì	
b					
C					
				<del>                                     </del>	
	Totals				
	Totals	<u> </u>		Ye	es No
107	Did the reporting organization receive any transfers from a controlled en	tity as defined in sect	ion 512(b)(13) of the Code? If		
	complete the schedule below for each controlled entity				
	(A)	(B) Employer	(C)	(D)	)
	Name, address, of each	Employer Identification	Description of	Amou	
	controlled entity	Number	transfer	trans	ifer
а					
				<del> </del>	
b					
$\dashv$				<del> </del> -	
C					
				1	
	Tetalo				
	Totals			Y	es No
108	Did the organization have a binding written contract in effect on August	17. 2006. covering the	e interest, rents, rovalties, and		
100	annuities described in question 107 above?	,,	,,		
	Under penalties of perjury, I declare that I have examined this return, including accompany	ing schedules and statement	s, and to the best of my knowledge and	belief, it is true,	correct,
	and complete Declaration of preparer (other than officer) is based on all information of whi	ch preparer has any knowled	A 1 1	0	
Plea	1 19703, 1/4/ia	nt, NWU /2	oard 8/14/0	<u> </u>	
Sigr	V digitative of officer	•	Date		
Her					
	Type or print name and title	- I	011-6		
Paid	Preparer's Preparer's Control		self-	SN or PTIN (See (	∍en inst X)
	narer's signature 11000 J velocity	0/18/00	employed		
•	Only yours if CUMMINGS LAMONT & MCNAMER	, P.A.	EIN ►		
	self-employed), 305 LAFAYETTE CENTER		D	005 3	220
	ZIP+4 KENNEBUNK, MAINE 04043		Phone no. ► 207-		
				LOUIII 25	<b>90</b> (2007)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

723101/12-27-07

# **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

OMB No 1545-0047

Name of the organization Employer identification number ANIMAL WELFARE SOCIETY, INC. <u>23 7018176</u> Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (b) Title and average hours (a) Name and address of each employee paid (c) Compensation per week devoted to more than \$50,000 position allowances STEVEN JACOBSEN DIRECTOR 40.00 72,090 3,421 Total number of other employees paid over \$50,000 0 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over 0 \$50,000 for professional services Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of other contractors receiving over \$50,000 for other services 0

Scl	nedule A (Form 990 or 990-EZ) 2007 ANIMAL WELFARE SOCIETY, INC. 23-701	<u>.817</u>	<u>6</u> F	Page 2
Р	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1_		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a		X
t	Lending of money or other extension of credit?	2b		X
C	Furnishing of goods, services, or facilities?	2c		X
C	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X_
E	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	_3b		X
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
C	i Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 8	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g .	4a		X
t	Did the organization make any taxable distributions under section 4966? N/A	4b		
C	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c	L	
(	Enter the total number of donor advised funds owned at the end of the tax year		N/	
-	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		<u>N/</u>	<u>A</u>
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
(	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Sched	chedule A (Form 990 or 990-EZ) 2007 ANIMAL WELFARE SOCIETY, INC. 23-7018176 Page 3							
Par	Part IV Réason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)							
l certif	certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)							
5		A church, convention of churches, or association of ch	nurches. Section 170(b)(1	)(A)(ı).				
6		A school. Section 170(b)(1)(A)(ii). (Also complete Par	t V.)					
7		A hospital or a cooperative hospital service organization	on. Section 170(b)(1)(A)(i	11).				
8		A federal, state, or local government or governmental	unit. Section 170(b)(1)(A)	(v).				
9	$\Box$	A medical research organization operated in conjunction		• •	the hospital's	s name, city.		
•		and state				,		
10		An organization operated for the benefit of a college or	university owned or oper	ated by a governmental i	unit. Section	170(b)(1)(A)(	(IV).	
		(Also complete the Support Schedule in Part IV-A.)	amvorany omnou or opor	atou by a governmental t	uma 00000m	., 0(0)( .)(, .)(	,.	
11a	$\Box$	An organization that normally receives a substantial pa	art of its support from a d	overnmental unit or from	the general	nublic		
114		Section 170(b)(1)(A)(vi). (Also complete the <b>Support</b>	• • • • •	Overminental unit of from	the general	public.		
116			•	Iula in Dort IV A \				
11b	$\mathbf{x}$	A community trust. Section 170(b)(1)(A)(vi). (Also con		•	robin food o	nd arono		
12	لما	An organization that normally receives: (1) more than receipts from activities related to its charitable, etc., full						
		its support from gross investment income and unrelate						
		by the organization after June 30, 1975. See section 5						
13	Ш	An organization that is not controlled by any disqualified		indation managers) and	otherwise me	ets the requir	rements of section	on
		509(a)(3). Check the box that describes the type of su						
		Type I Type II	Type III-Fui	nctionally Integrated		Type III	-Other	
		Provide the following information a	bout the supported organ	izations. (See page 8 of	the instruction	ons.)		
		(a)	(b)	(c)	(d	,	(e)	
		Name(s) of supported organization(s)	Employer	Type of organization	1	pported	Amount o	of
		( , ) ( , )	identification	(described in lines		on listed in	support	
			number (EIN)	5 through 12 above		porting		
				or IRC section)		zation's documents?		
					Yes	No		
					103	-""		
			·					
					<del></del>			<del></del>
		<del></del>			<del>                                     </del>	-		
	_				<del> </del>			
					ļ			
		· · · · · · · · · · · · · · · · · · ·		<u> </u>	l	l	<del></del>	

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

Total

0. d Add: Line 27a total and line 27b total 27d Public support (line 27c total minus line 27d total) 27e 4,680,415 Total support for section 509(a)(2) test; Enter amount on line 23, column (e) 94.7561% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h 4.7444% Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15. NONE 723131 12-27-07 Schedule A (Form 990 or 990-EZ) 2007 Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
LJ	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	_		
		<u> </u>		
32	Does the organization maintain the following:	_		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	_32c	ļ	
đ		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			   
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	<u> </u>	ļ. <u>.</u>
b	Admissions policies?	33b	ļ	
C	Employment of faculty or administrative staff?	33c	<u> </u>	
d	Scholarships or other financial assistance?	33d	<b></b>	
е	Educational policies?	33e	<u> </u>	
f	Use of facilities?	33f_	ļ	
g	Athletic programs?	33g	<u> </u>	
h		33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			:
		_		
34 a		34a		<del> </del>
b	Has the organization's right to such aid ever been revoked or suspended?	34b	-	<del> </del>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	1	1	1

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

		_
N	,	Δ
TА		~

(To be completed ONLY by an eligible organization that filed Form 5768)

	(To be completed UNLY by a	r eligible organization that i	illea Form 5766)				
Che	ck > a if the organization belongs	to an affiliated group.	Check ▶	ь 🗀	If you che	cked "a" and "limited contro	ol" provisions apply.
		.obbying Expendite				(a) Affiliated group totals	(b) To be completed for all electing organizations
			<del></del>			N/A	
36	Total lobbying expenditures to influence pu	iblic opinion (grassroots lot	bbying)		36	· - · · · · · · · · · · · · · · · · · ·	
37	Total lobbying expenditures to influence a	egislative body (direct lobb)	ying)		37		<u> </u>
38	Total lobbying expenditures (add lines 36 a	nd 37)			38		
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add lin	nes 38 and 39)			40		
41	Lobbying nontaxable amount. Enter the am	ount from the following tab	ole -				
	If the amount on line 40 is -	The lobbying nontaxabl	le amount is -				
	Not over \$500,000	20% of the amount on line 40	0				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex-	cess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	cess over \$1,000,000	)	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	ess over \$1,500,000				
	Over \$17,000,000	\$1,000,000					
42	Grassroots nontaxable amount (enter 25%	of line 41)			42		
43	Subtract line 42 from line 36. Enter -0- if lin	ne 42 is more than line 36			43		
44	Subtract line 41 from line 38. Enter -0- if lin	ie 41 is more than line 38			44		
	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			700			
	Caution: If there is an amount on either	r line 43 or line 44, you i	must file Form 4	120.			

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2006	(c) 2005	( <b>d)</b> 2004	<b>N/A</b> (e) Total	
45 Lobbying nontaxable amount					0	
46 Lobbying ceiling amount (150% of line 45(e))					0	
47 Total lobbying expenditures					0	
48 Grassroots nontaxable amount					0	
49 Grassroots ceiling amount (150% of line 48(e))					0	
50 Grassroots lobbying expenditures					0	

#### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)
  - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount					
-							
_							
-							
		0.					

Schedule	A (Form 990 or 990-EZ) 2007	ANIMAL WELFARE	SOCIETY, INC	23-7	018176 Page 7
Part				Relationships With Nonchar	table
	Exempt Organiz	zations (See page 14 of the instr	uctions.)		<del></del>
51 D	id the reporting organization di	rectly or indirectly engage in any of	the following with any other	organization described in section	•
5	01(c) of the Code (other than s	section 501(c)(3) organizations) or in	section 527, relating to po	litical organizations?	
		ganization to a noncharitable exempt	organization of:		Yes No
	(i) Cash				51a(i) X
(i	ii) Other assets				a(ii) X
	ther transactions:				
	,	ts with a noncharitable exempt organ	nization		b(i) X
•	•	noncharitable exempt organization			b(ii) X
•	ii) Rental of facilities, equipme				b(iii) X
•	v) Reimbursement arrangeme	ints			b(iv) X
	v) Loans or loan guarantees	manch auch in au firm duaine a caliaitet			b(v) X
•	•	membership or fundraising solicitati			b(vi) X
		mailing lists, other assets, or paid er		lways show the fair market value of the	
		given by the reporting organization.			
_		nent, show in column (d) the value of			N/A
(a)	(b)	(c)	the goods, other deserts, or	(d)	N/A
Line no.	Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, and	sharing arrangements
-					
			<del></del>	-	
•					
_					
	_				
					<del></del>
	<u> </u>				
			ne or more tax-exempt orga	anizations described in section 501(c) of the	
	ode (other than section 501(c)	,		<b>▶</b> L	Yes X No
<u>ь п</u>	"Yes," complete the following s				<del></del>
	(a) Name of org	) nanization	(b) Type of organization	(c) Description of relations	thin
		guinzation	Type of organization	Dood Iphon of Foldarding	
					<del></del>
	· · · · · · · · · · · · · · · · · · ·				<del></del>
		· <del></del>	<u> </u>		<del></del>
<del>.</del>					
					• • • • • • • • • • • • • • • • • • • •
	<del></del>	<del></del>			
		<del></del>			
100 455					
23152 2-27-07				Schedule A (For	m 990 or 990-EZ) 2007

•

FORM 990 GAIN (1	LOSS) F	ROM PUBI	LICLY I	RADED SEC	URITIE	S ST	ATEMENT	1
DESCRIPTION		GRO SALES		COST O		XPENSE F SALE	NET GAIL	
H.M PAYSON - SEE SCHEDU ATTACHED VANGUARD FIXED INC SEC		96	5,131.	83,8	73.	0.	12,2	58.
TREASURY - 4665.93 SHAI	RES	48	3,948.	48,0	07.	0.	9	41.
ISHARES MSCI EAFE INDEX - 38 SHARES		2	2,999.	2,0	49.	0.	9	50.
VANGUARD INDEX FD TOTAL STOCK MRKT ETF - 116 SI	IARES	17	7,197.	14,2	78.	0.	2,9	19.
CAP GAIN DISTRIBUTION - FINANCIAL	- <b>Г</b> ЪГ	2	2,398.		0.	0.	2,3	98.
TO FORM 990, PART I, L	INE 8	167,673.		148,2	07.	0.	19,4	66.
DESCRIPTION OF EVENT		ROSS CEIPTS	CONTRI		OSS ENUE	DIRECT EXPENSES	NET INCO	
VARIOUS EVENTS AND		<del></del>	INCLU		ENUE  0,789.			
ACTIVITIES	-	80,789.				16,920.		
TO FM 990, PART I, LINI	===	80,789.			0,789.	16,920.	63,8	
FORM 990 OTHER (	CHANGES	IN NET	ASSETS	OR FUND	BALANC	ES ST	ATEMENT	3
DESCRIPTION							AMOUNT	-
GAINS (LOSSES) ON CHAR NET UNREALIZED GAINS OF GAINS (LOSSES) ON DISPO	N INVES	<b>TMENTS</b>					1,7° -60,7°	
TOTAL TO FORM 990, PAR	r I, LI	NE 20					-59,0	47.

FORM 990	OTHER	EXPENSES		STATEMENT 4		
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)		
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISI:	NG	
AUTO EXPENSE						
	11,499.	11,499.				
COMPUTER CONSULTING						
	2,230.	2,230.				
EDUCATION	11,284.	11,284.				
FOOD-ANIMAL	5,746.	5,746.				
INSURANCE						
	53,325.	53,325.				
MISCELLANEOUS						
	6,456.	6,456.				
OFFICE SUPPLIES						
	7,078.	7,078.				
REPAIRS AND						
MAINTENANCE						
	27,136.	27,136.				
SHELTER OPERATIONS	48,210.	48,210.				
SPAY/NEUTER PROGRAM	34,698.	34,698.				
VETERINARY FEES	133,456.	133,456.				
VETERINARY SUPPLIES	·	·				
AND OTHER	39,863.	39,863.				
VOLUNTEER EXPENSES	8,803.	8,803.				
INTERNET CONNECTION	0,000	0,000				
AND WEB SITE	3,876.	3,876.				
DOG PARK EXPENSE	3,935.	3,935.				
PAWS ACROSS AMERICA	37333.	5,7551				
EXPENSES	2,241.	2,241.				
AUTO EXPENSE	2,241.	2,241.				
AOIO EXPENSE	804.		804.			
COMPUTER CONSULTING	004.		004.			
COMPOTER CONSULTING	2,231.		2,231.			
TNOUDANCE	2,231.		2,231.			
INSURANCE	6,410.		6,410.			
PROVED PREG	•		13,200.			
BROKER FEES	13,200.		13,200.			
MISCELLANEOUS	15 561		17 561			
	17,561.		17,561.			
OFFICE SUPPLIES	- 0		5 056			
	5,056.		5,056.			
REPAIRS AND						
MAINTENANCE			4 6==			
	1,375.		1,375.			
INTERNET CONNECTION						
AND WEB SITE	146.		146.			
AUTO EXPENSE						
	225.			2	25.	
INSURANCE						
	4,335.			4,3	35.	
•						

ANIMAL WELFARE SOCIETY	, INC.			23-7018176
MISCELLANEOUS	5,357.			5,357.
OFFICE SUPPLIES	4,205.			4,205.
PROFESSIONAL FEES	•			·
	11,000.		46 502	11,000.
TOTAL TO FM 990, LN 43 =	471,741.	399,836. ————————	46,783.	25,122.
FORM 990 STATEMENT OF	'ORGANIZATION' PART	S PRIMARY EXEMP III	T PURPOSE	STATEMENT 5

#### **EXPLANATION**

THE SOCIETY EXISTS TO PROVIDE HUMANE SHELTER AND CARE TO ANIMALS TEMPORARILY IN NEED OF HOUSING, AND TO FURTHER THE CAUSE OF RESPONSIBLE ANIMAL ADOPTION AND OWNERSHIP THROUGH EDUCATION AND PUBLIC AWARENESS. THE SOCIETY ACTIVELY PROMOTES KINDNESS, THE ELIMINATION OF CRUELTY AND NEGLECT TO ALL ANIMALS, AND THE LIFELONG COMMITMENT OF PEOPLE TO THEIR PETS.

FORM 990	OTHER IN	VESTMENTS			STATEMENT	6
DESCRIPTION			VALUATI METHO		AMOUNT	1
SECURITIES AND OTHER INVEST	MENTS		MARKET	VALUE	1,792,1	31.
TOTAL TO FORM 990, PART IV	LINE 56, C	OLUMN B			1,792,1	31.
FORM 990	OTHER	ASSÈTS			STATEMENT	7
DESCRIPTION			BEGIN OF Y		END OF YE	AR
BENEFICIAL INTEREST IN CHAP	RITABLE TRUS	TS	3	861,051.	352,2	50.
TOTAL TO FORM 990, PART IV	LINE 58		3	361,051.	352,2	50.

FORM S	ro 0èe	THER LIABILIT	IES	ST	ATEMENT	8
DESCR:	IPTION	·		NNING YEAR E	END OF YEA	
	PAYABLE ID SHELTER CONTRACTS			10,725. 22,715.	15,1 29,2	
TOTAL	TO FORM 990, PART IV, LIN	NE 65		33,440.	44,4	54.
FORM S		ATIONSHIP OF MENT OF EXEMP		TO ST	ATEMENT	9
LINE	EXPLANATION OF RELATIONS	SHIP OF ACTIV	ITIES			
93A	ADOPTION FEES ARE COLLECTIVE ANIMALS AND TO FURTH					G
93B	CREMATORY FEES ARE COLLETTHE ANIMALS, AND TO FURTHER	ECTED TO COVE	R THE COSTS	OF CREMATION	S, CARE	OF
93C	SURRENDER FEES ARE COLLETTE ANIMALS AND TO FURTH	ECTED TO COVE	R THE COSTS	OF HOUSING A	ND FEEDI	NG
93D	CLAIMED DOG FEES ARE COI THE ANIMALS AND TO FURTH					NG
93E	OTHER FEES ARE COLLECTED AND OTHER PROGRAMS					R,
93G	MUNICIPAL FEES ARE COLLE THE ANIMALS AND TO FURTH					NG
SCHED	ULE A	OTHER INC	OME	ST	'ATEMENT	1(
DESCR	IPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISCE	LLANEOUS INCOME	3,033.	15,428.	2,075.	2,8	44.
TOTAL	TO SCHEDULE A, LINE 22	3,033.	15,428.	2,075.	2,8	11

## ANIMAL WELFARE SOCIETY BOARD OF DIRECTORS 2007-2008

	NAME	POSITION	ADDRESS
1	Francine Keatings	President	c/o Animal Welfare Society, Inc. P O Box 43, West Kennebunk, ME 04094
2	William Speed	Vice President	c/o Animal Welfare Society, Inc. P.O Box 43, West Kennebunk, ME 04094
3	Charles McNutt	Treasurer	c/o Animal Welfare Society, Inc P O. Box 43, West Kennebunk, ME 04094
4	William Burrows	Recording Secretary	c/o Animal Welfare Society, Inc P.O Box 43, West Kennebunk, ME 04094
5	Gail Rouse	Corresponding Secretary	c/o Animal Welfare Society, Inc. P O. Box 43, West Kennebunk, ME 04094
6	Janet Eastman	Director	c/o Animal Welfare Society, Inc. P O. Box 43, West Kennebunk, ME 04094
7	Martha Flynn	Director	c/o Animal Welfare Society, Inc. P.O. Box 43, West Kennebunk, ME 04094
8	Susan Lothrop Higgins	Director	c/o Animal Welfare Society, Inc P O Box 43, West Kennebunk, ME 04094
9	Cynthia Morris	Director	c/o Animal Welfare Society, Inc P O. Box 43, West Kennebunk, ME 04094
10	Gail Arnold	Director	c/o Animal Welfare Society, Inc. P O. Box 43, West Kennebunk, ME 04094
11	Robert Hores	Director	c/o Animal Welfare Society, Inc P O. Box 43, West Kennebunk, ME 04094
12	Jıll (Szopınski) Fogg	Director	c/o Animal Welfare Society, Inc. P O. Box 43, West Kennebunk, ME 04094
13	Cathy Connors	Director	c/o Animal Welfare Society, Inc P.O. Box 43, West Kennebunk, ME 04094
14	Stan Barwise	Director	c/o Animal Welfare Society, Inc P O Box 43, West Kennebunk, ME 04094

H.M. Payson of Eo.

Run Date: 04/07/2008

Account: 050-02105

Schedule D - Capital Gains and Losses

Tax Letter Page#:

Schedule D Page#: 1

Name:

ANIMAL WELFARE SOCIETY

INC ENDOWMENT TRUST FUND

FOR TAX YEAR ENDING: 03/31/2008 SOC SEC / TAX ID. 23-7018176

#### Part I - Short-Term Gains & Losses

No Short-Term Gains or Losses

#### Part II - Long-Term Gains & Losses

		Date	Date	Gross		
Quantity	Description of Property	Acquired	Sold	Proceeds	<u>Tax Basis</u>	Gain or Loss-
	GNMA 1&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	04/16/2007	131.19	131 19	0.00
	GNMA 1&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	05/15/2007	99.08	99 08	0 00
200.000	PITNEY BOWES INC	08/20/2002	06/04/2007	9,590 00	7,649.20	1,940 80
30.000	PITNEY BOWES INC	08/20/2002	06/04/2007	1,438.50	1,147 39	291.11
400 000	PITNEY BOWES INC	08/20/2002	06/04/2007	19,184.00	15,298 41	3,885.59
900.000	WASHINGTON MUT INC	06/06/2002	06/04/2007	39,897.09	33,859.62	6,037.47
	GNMA 1&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	06/15/2007	82.70	82.70	0.00
	GNMA I&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	07/15/2007	90.68	90.68	0.00
	GNMA 1&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	08/15/2007	112 84	112.84	0.00
	GNMA I&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	09/15/2007	105.03	105.03	0.00
	GNMA 1&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	10/15/2007	84 56	84.56	0.00
	GNMA I&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	11/15/2007	75.00	75.00	0.00



Run Date: 04/07/2008

Tax Letter Page#: 10

Schedule D Page#:

Schedule D - Capital Gains and Losses

Name.

Account: 050-02105

ANIMAL WELFARE SOCIETY

INC ENDOWMENT TRUST FUND

FOR TAX YEAR ENDING 03/31/2008 SOC SEC / TAX ID: 23-7018176

#### Part II - Long-Term Gains & Losses - Continued. .

		Date	Date	Gross		
Quantity	Description of Property	Acquired	<u>Sold</u>	Proceeds	<u>Tax_Basis</u>	Gain or Loss-
	GNMA 1&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	12/15/2007	77.68	77.68	0.00
	GNMA 1&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	01/15/2008	50.82	50.82	0.00
	GNMA I&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	02/15/2008	59.74	59.74	0.00
25000.000	MOTOROLA INC NTS 6.50% 03/01/2008	03/02/1993	03/01/2008	25,000.00	24,897.50	102.50
	GNMA I&II - SINGLE ISSUER POOL 374663 6% 01/15/2009	11/04/1998	03/15/2008	52.05	52.05	0.00
		Net Long-	Term Gain:	96,130 96	83,873.49	12,257.47

# Animal Welfare Society, Inc.

## 2007 Program Service Accomplishments

Incorporated in 1967, the Animal Welfare Society is celebrating over 40 years of animal sheltering and currently serves 19 towns/cities and 150,000 people. In 1994, installation of new computer software allowed the Animal Welfare Society to issue individual case numbers to each pet and this year the fiftieth thousand pet was entered. Special programming includes an expanding educational and volunteer program, obedience classes, rescue and adoption services, a behavior helpline, a domestic violence prevention program, and an affordable spay and neuter program. The Animal Welfare Society continues to be a driving force for the humane treatment of animals and for the care of so many homeless pets.

As an open admission facility, the Animal Welfare Society is pleased to have a placement rate (animals going home) that is considered extraordinary by national standards, and one that ranks among the best in New England averaging a staggering 90%.

### 2007 Animal Count

INCOMING				
	Stray	Transfer	Surrender	
Cats	951	0	935	
Dogs	443	81.	476	
Other	35	0	291	

OUTGOING				
	Adopted	Claimed	Euthanized	
Cats	1482	25	347	
Dogs	690	316	79	
Other	247	4	29	

The Animal Welfare Society provides shelter services for the towns of Acton, Alfred, Arundel, Biddeford, Dayton, Hollis, Kennebunk, Kennebunkport, Lebanon, Lyman, Newfield, North Berwick, Ogunquit, Saco, Sanford, Springvale, Shapleigh, Waterboro and Wells.